

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/031439**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3		2		/			53						
4		10		/			54						
5		10		/			55						
6		10		/			56						
7		10		/			57						
8		10		/			58						
9		10		/			59						
10		10		/			60						
11		10		/			61						
12		10		/			62						
13		10		/			63						
14		10		/			64						
15		10		/			65						
16	/		/				66						
17		22		/			67						
18		22		/			68						
19		22		/			69						
20		22		/			70						
21		22		/			71						
22		22		/			72						
23	/		/				73						
24	/		/				74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		3				TOTAL IND.						
TOTAL DEP.	26		20				TOTAL DEP.						
TOTAL CLAIMS	31		23				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS